



City of Albany
Department of Buildings & Regulatory Compliance
City Hall – Room 303
Albany, NY 12207
(518) 434-5165 (518) 434-5995
Fax (518) 434-6015 Web www.albanyny.org

Official Use Only

Date: _____
Received by: _____
Amount Received _____
Accurate Zoning: Y / N
Inspection Date _____

Rental Dwelling Registry

(Must be completed by property owner – all incomplete forms will be returned unprocessed)

Address of Rental Property _____ Parcel No. _____

Property Information/Building Description:

Number of stories (check one): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ other _____

Number of residential rental units in building: _____ Zoning District: _____ ☐ Legal ☐ Legal Nonconforming ☐ Variance

Physical location of units in building (number per floor): Bsmt _____ 1st _____ 2nd _____ 3rd _____ other _____

Number of Occupants per Unit: Bsmt _____ 1st _____ 2nd _____ 3rd _____ Other _____

Commercial usage or business in building: Floor _____ Type _____

Date of Purchase: _____ Name of Previous Owner: _____

Owner Information:

Name(s): _____ ☐ Male ☐ Female

Additional Name(s): _____ ☐ Male ☐ Female

Legal Address of Owner(s): _____

City, State & Zip: _____

Preferred Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Email Address (required): _____

Date(s) of birth: ____/____/____ ____/____/____

Additional Owner Information (for Corporations, LLCs, etc.):

☐ Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ d/b/a

Contact Person/Officer's Name: _____ EIN: _____

Please complete the reverse side.

Designation of Agent (If the owner does not reside in Albany County or an adjacent county, a local agent must be designated who may be reached at all times. Signatures of both Owner and Agent are required).

Name(s):

Address:

City, State & Zip:

Telephone Numbers: Home

Work

Cell

Email Address (required):

All correspondence regarding this property should be sent to:

☐ Owner ☐ Agent (agent must accept responsibility by checking the box in Certification section)

☐ I hereby request and accept service by electronic mail.

☐ I waive the right to accept certified mail.

Requested Inspection

Date: _____ Time: ____ 9:00-10:00am ____ 10:00-11:00am ____ 11:00-12:00pm ____ 12:00-1:00pm ____ 1:00-2:00pm ____ 2:00-3:00pm

Additional Information:

Property Owner Certification

By submitting this form, I hereby certify that all statements made herein are true and accurate to the best of my knowledge. I acknowledge that if any information contained herein changes, it is my obligation as the owner of the property to re-file an updated Rental Registry Form with the Department of Buildings & Regulatory Compliance.

Signature of Property Owner

Driver's License No.

Date

Designated Agent Certification

With submission of this form, I hereby agree to act as the designated agent for the property noted herein. If I am no longer able to perform as a property agent, I understand that I must notify the Department of Buildings & Regulatory Compliance via certified mail or hand-delivery to the Department.

☐ I agree to accept correspondence on behalf of the owner and to act in the owner's stead as such correspondence dictates.

Signature of Designated Agent

Driver's License No.

Date

This form may be submitted in person, by mail, by fax, or [by email](#) to the Department of Buildings & Regulatory Compliance.